N.B.

PLACE OF DEATH	19680 STATE OF MARYLAND
County Stranger	CERTIFICATE OF DEATH
The result of the second of th	222
01.101.	Registration Dist. No. 268
Village or City W Lib To Nover	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Morris Por	tion, give its NAME In-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH Que 9 . 1987
OR DIVORCED (Write the word)	(Mooth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 1 1905	June 1923. to Dung 1, 193/,
(Month) (Day) (Year)	that I last saw h M alive on Day 4 9 , 1921,
7 AGE If LESS than	and that death occurred on the date stated spove, at 237 m.
2/ 1 dayhrs.	The CAUSE OF DEATH & was as follows:
6 OCCUPATION ds. or min.	y plan of term
(a) Trade, profession or	
particular kind of work VO Work all	
business, or establishment in	(Duration) yis mos ds
which employed or (employer) Was fung and	/1/2
9 BIRTHPLACE (State or country)	Seeghdary
10 NAME OF	(Duration) mos de.
FATHER Seman & Audisen	(Signed) M. D.
OF FATHER	(Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Advance I Same	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Rosir Wederson	Former or usual residence
(Address) Deal Island mil	Described and Les
15 Filed aug// 198/ Rosa Webster Registrar	20 ONDERTAYOR MALE APPORTESS
4	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report household only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is necesyrs). specifically the occupations of persons en-For persons who have no occupation single word or term on 9 materia Grocery;

Statement of Cause of Death—Name, first, the property of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) If this certificate is looked over thoroughly and all questions inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. approved earbplic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on "" "Weakness," etc., when a definite disease ," "Heart failure," "Haemorrhage, Chronie Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles ;

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(130)
County Somusif-	Registration Dist. No. 2 6 a
Village or City Font- (b. Comments)	ND. St, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of residence In city or town where death occurred 2-0-yrs,mos.	Os. now long in 0.5. If of foleign Birth?yis
2. FULL NAME Stuly ful balla	28
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH
mole Cor OR DIVORCED (20rice (re) word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) / (Day) (Year)
(or) WIFE of O.B.	22. HEREBY CERTIFY, That I attended daceased from
Clark	, 19, to
6. DATE OF BIRTH (month, day, and year) 8 . 1911	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
7 8 ormin.	were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	acul Nobbail
9. Industry or business In which	well parits
9. Industry or business In which work was dona, as SILK MILL, dabn or 1 ftm.	
D. Date deceased last worked at this occupation (month and spent in this	
yaar) oknupation	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Dontsaum
(State or country)	
13. NAME Surgaman Ballary 14. BIRTHPLACE (city or own)	
14. BIRTHPLACE (city or wwn)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Naroh Ellin Belling	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suleide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT TO Share	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMIJION, OR REMOVAL	Manner of Injury
Place Cocksyn From Date 8/18 1931	Natura of Injury
1) Call B. Odl	24. Was disease ar injury in any way related to occupation of deceased?
19. UNDERFAKER (Address). Carolines Maria	If so, specify Al
RIG 31 ONS	(Signed) / Smith M. D.
20. FILED	(Addiss) Ameres Illimon
If mare blanks are needed address State Registrar	2011 N. Chayles Street Raltimore Requesting 71 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	cample I -	THE REAL PROPERTY.	Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of poset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	0.3	1915	Attack of epilepsy	1 week aga
Chranic interstitial nephritis	4 Colk	1921	Run over by street car	1 week aga
Cerebral hemorrhage	THE PART OF THE	July 5, 1927	Peritanitis	3 days aga
		2.		
		- marine		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstanes		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME innumber.) roperly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED, D WIDOWED, OR DIVORCED (Write the word) (Day) (Year) HEREBY CERTIFY, That, I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: min.? OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in WITH UNFADING 2 which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) (Duration 10 NAME OF (Signed) FATHER (Address)/L 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, In Violent Causes, state (1) Means of Injury and deaths from (State or country) CAU Accidental, Suicidal or Homicidal, 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER ...yrs.......ds. (State or Country) Where was disease contracted, Every item of CIANS should statement of if not at place of death?... Former or usual residence. DATE OF BURIAL (Address 20 UNDERTAKER ADDRESS 15 If more blanks are needed, addrs.s State Registrar, 16 W. Seratoga St., Balto., Requesting V

BINDING

RESERVED

MARGIN

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). Spinner, (b) Collon mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmor (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondary Chronic interstitial nephritis, Whooping cough; (class) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease Chronic varvum.

nephrilis, etc. The contributory

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S. No.

00 Z

PLACE OF DEATH	STATE OF MARYLAND
County Journal'	CERTIFICATE OF DEATH
	Registration Dist. No. 26/
Village or City Maruni (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
-I OLI NAME	Turner.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Full Call SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH OF A PAN., 1	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	
7 AGE If LESS the	
abut 59 yrs. mos. ds. or min	
8 OCCUPATION (a) Trade, profession or Americal kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs mos de,
9 BIRTHPLACE (State or country)	Contributors Class See Affects Secondary
orrangemen.	Clime negrous green mos de.
10 NAME OF FATHER	(Signed) Vogal Ocalhasso. M. D.
II BIRTHPLACE	- My 30 192 (Address) Marian mo
(State or country) Md.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MA RUSCLE.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER NA ADMINISTRAL	At place of deathyrsmosds, Stateyrsmosds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Address) Musian Disk	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Set 2-, 1986
Filed 931 1931 Gurelia Por Jawson Registrar	20 ANDERTAKER Bayneum Contriler Me
If more branks are needed, address thate Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure, macunings, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, Example: Measles (disease etc. The contributory death

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V. S. No. 1

PLACE O	F DEATH	
County	Lower	res!

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 268

	ULL NAME	/>	St.: W	ard) (If death occurred in a hospitel or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH AUG 17	1931 , 192
6 DATE OF BI	AUG (Month	7 1931 1	I HEREBY CERTIFY, That I AUG 17 193 1192 to 191	
7 AGE	Ø yrs. 0	mos. O ds. or m	hrs. The CAUSE OF DEATH * was as follows	The state of the s
particular ki (b) General business, or	orofession or nd of work nature of industry establishment in yed or (employer)		(Duration)	
10 NAME FATHER	ountry) CHAN	ME Brown	(Signed)	
OF FAT. (State of the control of the	HER CHA	NCE, MD.	*Strand fine Disease Causing Der Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
OF MOT 13 BIRTHE OF MOT	HER DON	E, MD.	18 LENGTH OF RESIDENCE (For He ients or Recent Residents) At place of deathyrsds.	
4 THE ABOVE	IS TRUE TO THE BEST		Where was disease contracted, if not at place of death?	
	t) lress)		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Os	y 18193/09	orn Webster Registrar	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09685
1. PLACE OF DEATH	
County Somerse	Registration Dist. No. 263
Village or City Crisfield	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) dsHow long in U.S. if ol loreign birth?yrsmosds.
2. FULL NAME JAQQE This, Das	-ahest-
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug 9th 193/ (Yaar)
5a. If married, widowed, or givorcad HUSBAND of (or) WIFE of Howay Am. Dougherly	22. I HEREBY CERTIFY. That I ettended deceased from 22. 1931, to care 9 9 1931
6. DATE OF BIRTH (month, day, and year) Jane, 19 h 1852	I last saw h alive on _ Cecy [115, 19 31 ; death is said
7. AGE Years Mooths Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, at
/7	were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	cieca se proces
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) for this spent in this shows occupation occupation.	
12. BIRTHPLACE (city or town) Sorvered Con	Other Coatributory Causes of importence:
(State or country)	Classic Set respecter.
13. NAME Henry Naugherle	
13. NAME Herry Vaugherle 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there en eulopsy?
15. MAIDEN NAME Elizabeth Ward	23. If death was due to axternal causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT About Strengthery (Address)	Specify whether injury occurred In INDÚSTRY, In HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (Maring Cuffley Date 1917 , 193)	*Nature of Injury
19. UNDERTAKER A SALUSON (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12. 193) JC. E. Colling Registrar.	(Signed) During (O sellens M. D. (Address) Successive M. D.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Ballimore, Requesting U. S. No. z.

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of cpilepsy SANYAMA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GBAIBOB	
Ot contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1-7				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . TITE, AT.	July 5,1927	Peritonitis	3 days ago
	Acres and total		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	WRITE PLA LY WITH UNFADING INKTHIS IS A PERMANNT R	N. BEvery Item of Information should be carefully supplied. ACE chould be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certainstance of the statement of OCCUPATION is very important.)
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V. S. No. 1

PLACE OF DEATH County Symmetry	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26/
Village or City Marmi (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME it- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 23, 1923
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 that I last saw h , alive on , 192
AGE AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER SESSE Mule 11 BIRTHPLACE OF FATHER	(Signed) Angle (Address) M.D. (Signed) Angle (Address) M.D. (Address) M.D. (Signed) M.
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Marful Dennis 13 BIRTHPLACE OF MOTHER (State or Country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) My Deleu S (Address) Mosson Table (Address) Mosson Table (Address) Mosson Table (Address) Registral	if not at place of dea.h? Former or usual residence 19 FUACE OF BURIAL OF DEMOVAL DATE OF BURIAL PRACE OF BURIAL 20 UNDEATAKER ADDRESS ADDRESS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servani, Cook, Housenuid. etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, to report Foreman, (b) For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman. specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar queumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

PLACE OF DEATH	09658 STATE OF MARYLAND
County Mullial	CERTIFICATE OF DEATH
	Registration Dist. No. 26/
Village or City Marrow (No.	St.: Ward) (If death occurred in
2FULL NAME Dipore	St.: Ward) a hospital or institu tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mac Cal Single, Married, Widowed. Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(lug 28. 1931	Muy 28 1921 1. to any 31 , 1921.
(Month) (Day) (Year)	that I last saw handlive on And 1927
7 AGE If LESS than	The state of the s
vrs. mos. 3 ds. or min.	
yrs. mos. ds. or min.?	
(a) Trade, profession or	Central Hormolys.
particular kind of work (b) General nature of industry	474111100011100111111111111111111111111
business, or establishment in	(Duration)yrsds,
which employed or (employer)	Contributory Trasmes at Butt.
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	(Durstion)moede.
FATHER ofm & Nove	(Signed) M. D.
O II BIRTHPLACE	Muy 8/ 190! (Address) Marin mo
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) Mary (use)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother / A 14 h a	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
O D Wilman	Former or usual residence
(Address) marron and	Francis rues con pul 8/3/, 193/
Filed 83/ 193/ Genelia B. Laws	20 UNDERTAKER APDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
fr more blanks are needed, address State Registra	r, 10 w. Daratoga Dt., Danto., Nequesting v. D. 110. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart lauwe,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"(Iraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

deaths

(Approved by U. S. Census and American Public Health Association.)

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> Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart lanure,
> "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; unronic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. I statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE			
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 267

Village or City DAMES QUARTER, (MD.	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH AUG 2 1 1931 , 192
G DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 193). to
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 15.35 m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) DAMES QUARTER, MD.	Contributory Condary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) AMES QUARTER, MD. 12 MAIDEN NAME OF THE PROPERTY OF THE PROPERT	(Signed) M. D. State the Disease Causing Death, or, in deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER DAMES QUARTER, MD. (State or Country)	At place of deathyrsmosds. Unstreetyrsds. Where was disease contracted,
(Informant) Set : M. Fillds	Former or usual residence
(Address) DAMES QUARTER, MD. D 15 Filed aug 22 19281 9/- S- Kelly Registrar	AMES QUARTER, MD. AUG 22 20 UNDERTAKER ADDRESS 1931 DEALS ISLAND MI

If more branks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sorvont, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Former or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Hame, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-6 Grocery,

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diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles;

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No. 1

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PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County musix	CERTIFICATE OF DEATH
	Registration Dist. No. 26
Marian	
Village or City // (No	St.: Ward) a hospital or institu-
10.0- 21/	tion, give its NAME ir
2FULL NAME / WELLIND A FUE	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANNESO	16 DATE OF DEATH
mae Cal WIDOWED.	lug 2 2 , 193
(Write the word)	(Month)(Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 10 . 1881	prey / 19231. to Cary 22 , 1981
***************************************	that I last saw har alive of 21 , 1929,
(Month) (Day) (Year)	-1
AGE [If LESS the	
I day hr	
ds. or min	? (real out) Har-
OCCUPATION (1) Trade, profession or	acid Anema.
particular kind of work & Mill	
(b) General nature of industry	
business, or establishment in	(Duration) yze mos de.
which employed or (employer)	Contributory Merroomen Bulle
9 BIRTHPLACE (State or country)	Secondary
a note	(Duration) yrs mos ds
10 NAME OF	(Signed) Venny & Bullium M. D.
FATHER Mm Firedo	0 02 21 6 00 11
11 BIRTHPLACE	(Address) (Address)
OF FATHER (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W	
of MOTHER smaller ortles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER A	At place of death yrs mos. ds. State yrs ds. ds.
(State or Country)	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
a Xand Tion	Former or usual residence
(Informant) Leve Fred	19 PLACE OF BURIAL OR FEMOVAL DATE OF BURIAL
Meren mad	7/ + 0/ 0 8/21 31
(Address)	- Talers maper 0/14 103/
15 8 NI 31 Quella tourson	OUNDERTAKER & APPRESS
Filed Registras	" John al Oradopar restell n
	rar, 6 W. Saratoga St., Balto., Lequesting V. S. No. 1.
If more blanks are needed, address tate Regist.	rai, po m. Daracoga Den, Dascon, Modacotting

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an definite salary), may be entered as Housewife, Housewhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) without more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Salesman, Locomotive engineer, As examples: (a) 6 Grocery; Day

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) Telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Weakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart tanuc," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the death

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOREAU V.	9.1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones /	May 1,1923	Gastroenteritis	1 year
	_!		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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PLACE OF DEATH County Strievsel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 264
Village or City Upper Turm (No. 2FULL NAME Sulu Hollana	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Lug /2, 192) (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h & alive on & & 2 192 that I last saw h & alive on & & 2 192 that
7 AGE If LESS that I day hre or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Diplottery, cotaternal, curson.
9 BIRTHPLACE (State or country) Maryland	Contributory Comme Condary Secondary (Durglon) g yrs mos de
10 NAME OF Johnas Holland	(Signed) / 1. O) Leptinson, M. D. C. (Address) While Entragement
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Aller Hair mound	Manskin ag /2, 183/
15 Filed Aug 2 1901 H. E. Dickins	Lvaham Water Wher Hill
If more bianks are needed, addresa State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by approved as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," Haemorraage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonacum, etc., Carcinoma, Sarcoma, etc., o: Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH County County	09694 STATE OF MARYLAND CERTIFICATE OF DEATH
200	Registration Dist, No.
Village or City William (No. 19	(If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to, 192 , that I last saw halive on, 192,
7 AGE Reference of the property of the proper	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Phils how 4 month Conflic
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
(State or country)	Secondary (Duration) yrsmosds.
TI BIRTHPLAGE	(Signed) Serry Dellarum M. D. My 21 1928 (Address) Massans Med
OF FATHER (State or country) 12 MAIDEN NAME .	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sensutta Move	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	in not at place of dea.h? Former or usual residence.
(Informant) Emes Frund.	Homes, rurieres grown 8/2/, 193/
Filed 8/2/ 193/ Aurelia / Jawson	Frances Howard Marion M.
9/2/31 C. E. Colins, Lots	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon, (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (0) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emer," etc., without more precise specification as Loy laborer, Form laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on Stotionary firemon, etc. factory. The material But in many (b) Grocery;

EAR COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,")

approved by Committee on inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis. carbolic acid-probably suicide. The niture of the injury, aecident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al (secondary Chronic interstitial nephritis, "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvulor heort diseose; " "Coma," "Convulsions, etc. The contributory Nomenclature of the Meosles;

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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1 8 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
nfon stat JPA	1. PLACE OF DEATH	942
of i	County Ismuset	Registration Dist. No. 26 5
thou a	Village or City M.J. Lernard	No. St, Ward
t So it	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
IAN nen	2. FULL NAME Clasers Risher	al Mettatal
SICI aten	(a) Residence: No. M. Les sur Onic	cos certain Rent # 2
ORI HYS st	(Usual place of abode)	If nonresident give city or town and State
ECO) PH cact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. LY. F. Ey	3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 9 (Day) (Year)
IANEN A C T I ssifted.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Mettelal	22. HEREBY CERTIFY, That I attended deceased from
EX els	6. DATE OF BIRTH (month, day, and year) June 26 1878	I last saw b ative on arusul 19 dealn is said
IS A PE stated E properly ertificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 3 g.m.
S A tate	53 8 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS I be so be p	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Farmer	Probably Coroners Thursday
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	"Nate
H H T O	10. Date deceased last worked at this occupation (month and year) spent in this occupation (month and year)	
NFADING pplied. AG: erms, so tha instructions	The Published Confession of the Confession of th	Other Contributory Canses of importance:
ADI d. s, so	12. BIRTHPLACE (city or town) (Stato or country)	nnhum
NF plie rms nst	13. NAME alexander Melletal	
H U	14. BIRTHPLACE (city or town) Mesley	Name of operation Date of Date of
F 5 5	(State of country)	What test confirmed diagnosis?
carefull TH in pl	15. MAIDEN NAME Julia Budsen	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
Car Orti	16. BIRTHPLACE (city or town) Sex (State or country)	Accident, sulcide, or homicology and straining and straini
INLY, WI be careful EATH in p	Consider the country	Where did Injury occur? (Specify city or town, county and State)
A DI O	17. INFORMANT ALL CELLER CHINE P. 2 Med.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Mt, Nermen Dato 29 1, 1951	Nature of injury
-WRIT mation CAUSI TION	19. UNDERTAKER Plale, dashey	24. Was disease er injury in eny wey related to occupation of deceased?
. B.	(Address Pr. ame Mel 181# 2)	If so, specify
z (T)	20. FILED /31 , 1934 , Stephen De Holler	(Signed) (Address) (Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN KESERVED FOR BINDING

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS BY PHYSICIAN
The deceased was formed de a	alin bed - mc course
delerming from Philos of en	assister.
	fice of the le Pro
	2.00

1PLACE OF DEATH County Somersel	09697 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 264
Village or City offer January . Park	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. White Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I lest sow halive on, 192,
7 AGE	and that dooth occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Senile Debility
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Phrome Tronshiles Secondary
10 NAME OF FATHER TASKS 11 BIRTHPLACE TO NAME OF FATHER TASKS 11 BIRTHPLACE TO NAME OF FATHER TASKS TO NAME OF FATHE	(Signed) J. E. Diekurson Local Reg. D. Ding 5 1921 (Address) Ufifier Haimman
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds, Where was disease contracted,
(Informant) The BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) upper Hairmoun	K. of P. Cemelon aug 6, 1931 20 UNDERTAKER APPRESS &
Filed (1937) F. C., Die Custon Registrar If more branks are needed, addrass State Registrar,	Harry B- Miles Kyper Kaimough, 16 W. Sarayoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Rammer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a inner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospisod fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar "pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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STATE O	F MARYLAND-	CERTIFICATE OF DEATH		
1. PLACE OF DEATH		(3030)		
County Somerset		270		
		No.McCready Hopsital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
	PARI			
(a) Residence: No.		St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Un 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH August 6 , 1931 (Month) (Year)		
5a. H married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) Aug 7. AGE Years Months	Deys If LESS than	22. I HEREBY CERTIFY, That I atlended decoesed from		
9. Industry or business in which work was dona, as SILK MILL.		STILLBORN		
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town)	•	-		
13. NAME Wm. Park; 14. BIRTHPLACE (cily or town) Md. (State or country)		Nama of operation		
15. MAIDEN NAME Sarah Hea		What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury 24. Was disease or Injury In any way related to occupation of deceased?

If so, specify (Signed)

(Address)

Registrar. If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

Parks

Rumbley

Md.

17. INFORMANT

19. UNDERTAKER

(Addrass)

(Address)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

Hospital

stillbirth UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attacked epilensy	1 week ago		
1921	Run over by street of	1 week ago		
July 5, 1927	Penontis das	3 days ago		
a	Other contributed transact of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 S 1921 July 5, 1927	1915 S Apack of epilepsy 1921 Run over by street of July 5, 1927 Readoutis Other contributory causes of importance:		

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemurid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Former ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day whatever, write Nane. business, that fact may be indicated thus; Fermin (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositar, Architect, Locomotive engineer, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation (b) Cotton mill; (a) Solesman, Automobile factory. The materia (b) Grocery;

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BINDIN(

RESERVED

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Of contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			76.	

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V. S. No. 1

en of	hould))		STATE STATES
it	70	10		No. of Lot
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC		-
KI	IYS	st		
KECO	. PH	Exact		
Ļ	L Y			
NE	CTI	ified		The state of the s
RMA	XA	class		Str Chammer
PE	国	Y	ite.	-
Y	ted	per	ifica	
IS	sta	pro	ert	
HIS	pe	he	o jo	
H	plno	may	TION is very important. See instructions on back of certificate.	
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L. B				
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1. PLACE OF DEATH	(93-D) (9701
County Journal-	Registration Dist. No. 260
Village or City Eng. Or Course	NoSt,War
Length of residence in city town where death occurredyrsm	os. ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Lances on Transme	elf
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
SEX 4. COLOR OF RACE OR DIVORCED (Twite the Ford) STATE OR DIVORCED (Twite the Ford)	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Collins The Comments of Collins The Collin	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (1987)	
DATE OF BIRTH (month, day, end year) way 20%. 10/0 AGE 6/ Years Months Days If LESS than	to have occurred on the date stated above, etm.
1 day, hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Oate of one
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	My ocard Insuffee
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	
kind of work done es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation	
2. BIRTHPLACE (city or town) Reynolds Co, Mo. (State or country)	Other Sontributory Causes of importance
OF.	Name of avanting
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an eutopsy?
	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16 BIRTHPLACE (city or town) Regardles Co. Me	Accident, suicide, or homicide?
15. MAIDEN NAME Rancy & Lift 16. BIRTHPLACE (city or town) Reynalds Co. Mo. (State or country)	Where did Injury occur?
7. INFORMANT Colies Grammull (Address)	(Specify city or town, county and Stata) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Process Cum no Date lug 12, 19 3	Manner of injury
trail 2	reature of injury
9. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Gus 10th, 1931 1 Smith	(Signed) M.M.
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	1
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

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No.	l B
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STATE O	MARTLAND—	CERTIFICATE	E OF DEA	411	9792
County Someget			Registration	Dist. No. 2	161
Village or City Austore	(II	No f death occurred in a hospital or in	astitution, give its NAM	St, 1E instead of street an	Ward
Length of residence in city or town where d	eath occurredyrsmos	ds. How long in U.S	i. if of foreign birth?	yrs	_mosds
2. FULL NAME / CURSU	ll Travia				
(a) Residence: No. (Usual place of abode)		St., Ward.	If nonresiden	it give city or town a	and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL	CERTIFICAT	E OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT	(Month)	(Day)	, 19 8 /
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HERE	BYCERTIF	Y. That I attend	ed deceased from
(or) wire or		acces 4	, 199/ , to C	Rus 4	193/
6. DATE OF BIRTH (month, day, and year)	It 8 1913	I last saw h alive on		, 19	; death is said
7. AGE Years Months /	Pays If LESS than I day, hrs.	to have occurred on the date The PRINCIPAL CAUSE OF I were as follows:			10.0
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Talone	Bruch	e Ditte	levea	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	for				
10. Dato deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) / Exits (State or country)	ngston	Other Coutributory Causes of	impertance;		
The state of the s	Trais	-			
13. NAME 14. BIRTHPLACE (city or town) (State or country)	venvelle				
N-16	Hayman	What test confirmed diagnosis			
15. MAIDEN NAME EXPLICATION OF THE PROPERTY OF	Knaffin	23. If death was due to external Accident, suicide, or homicide	?		
17. INFORMANT Cityle (Address)	hair on	Specify whether injury occurr	(Specify city of	or town, county and S OME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Care to	Manner of injury			
19. UNDERTAKER OM US	rodste	24. Was disease er injury in a	ny way related to occu	pation of deceased?	no
20. FILED 8/4 1931 Pres	elia B. Jausou Registrar.	(Signed) Seeme	nann	ulhum	and a

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	6)			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. Foreman, (b) For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

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		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
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Chronic interstitial nephritis	OLF 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURELT T.	July 5,1927	Peritonitis	3 days ago
	August Au	a secondario de la companio della companio della companio de la companio della co		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY,

STATE OF MAR	YLAND-CERTIFI	CATE OF	DEATH
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U	J	6	U	9	7

1	. PLACE O	F DEATH					
	County	Somerset		(3)		Registration Dist. No. 262	}
		ity nr. Pocon	9		Nodeath occurred in a hospital or institution, and a second secon	give its NAME instead of street and	Ward number)
	. FULL NA	ME					
		ce: No.	(Usual place		St., Ward.	If nonresident give city or town an	nd State
CF-LL.	PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERT	TIFICATE OF DEATH	
3.	male	4. color or race black	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	August 30	, 193 1 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	red, or divorced			ten .	ERTIFY, That I attended	
7.	AGE Yes	STILLBOR	Days	1931 If LESS than I dey,hrs. ormin.	I last saw h alive on to have occurred on the date stated abo The PRINCIPAL CAUSE OF DEATH an were es follows:	ove, etm,	
NOCEUPATION IN	9. Industry or work we: SAW MIL 10. Date decees this occur year)	vork done, as SPINNER, BOOKKEEPER, etc. BOOKKEEPER, etc. Sone, as SILK MILL, L, BANK, etc. ed last worked at pation (month and	sper ocau	me (years) it in this petion	Other Coutributory Causes of importance		
FATHER	13. NAME	James V	Vard				
FAT		(city or town)	1		Neme of operation		
MOTHER	15. MAIDEN NA 16. BIRTHPLACE (State or	ME Sadie S	Schoolfi	∌ld	What test confirmed diagnosis? 23. If death was due to external causes (Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred in IND	VIOLENCE) fill In also the following Date of Injury	ng: , 19
18.		TON, OR REMOVAL James	Date Aug	. 31,19 31	Manner of injury		
19.	UNDERTAKER (Address)	James Ward Pocomol	ke, Md.		24. Was disease or injury In any way re		
20.	FILEDAu	g.31 ₁₉ 31 S	amuel Sc	Registrar.	(Signed) Dannyell (Address) Paca	make City ?	R. KK

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis 11 V J A 11 A 1	1 year
		SEP 26 1931	

V. S. No. 1

(H)	Exact
	ECORD A	d EXACTLY Parly classified
IINDI	PERM ENT	should be state it may be prope
VED FOR E	-THIS IS A F	uppiled. ACE terms so that
MARGIN RESERVED FOR BINDI	UNFADING INKTHIS IS A PERM. ENT RECORD	ould be carefully supplied. ACE should be stated EXACTLY, PHYSI.

	PLACE	OF	DEATH	
Co	unty SOI	ner	set	

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136	
(95.6)	

09796 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 262

		y (No. R.F.D. # la Stephen Waters	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex Male	4 color or RACE Colored	b single, MARRIED, WIDOWED, OR DIVORCED MARTIED (Write the word)	(Month) developed the series of the series o
6 DATE OF 8	December (Month)	(Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from August 12th 1921. to Aug. 11th, 1921, that I last saw h illalive on Aligust 11th, 1921,
7 AGE		If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 6
(b) General business, or	profession or Farm I nature of industry establishment in poyed or (employer)		Sclurosis of heartand arterial System. (Durstion) 2 yar Ohmolly de. Contributory Cardiac asthma and Secondary (Durstion) yre One mos. de.
10	OF R John PLACE THER or country)		(Signed) (Duration) yre Olic mos. ds. (Signed) M. D. S/12th 1921 (Address) Pocomoke City Ma *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MO	THER Harriet I PLACE THER	aryland.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs described by the state of death yrs described by the state of death?
(Ad	dress) Ocomoke (City, Waryland.	Pocomoke City Je place of Burial Or REMOVAL Family Cem. on Farm Somerset County, Md. Aug. 13th, 19.31 Pocomoke City Maryland.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cool, Housemaid, ctc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter Statement of Occupation-Precise statement of ocr," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b) Grocery,

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BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	= 3 1		
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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BINDING

FOR

MARGIN RESERVED

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